

THE

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THE SCOPE



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You and State Boards

by Ann Alumnus

It is not too early to start thinking about State Board Examinations regardless of what class you belong to in school. This necessary evil must be faced sooner or later and the better prepared one is the better chance he has of overcoming this important obstacle.

Of course, there is no substitute for knowing your work thoroughly. However, several Boards have seen fit, justifiably or not, to question students on recent articles appearing in various journals and texts. It is therefore suggested that students constantly keep up their outside reading in all Optometric journals, new texts, and material from allied fields. We also suggest reading as many of the better known Ophthalmic texts as possible. Specifically, we strongly advise reading from *cover to cover* the books by the following authors: Borish, Wolff, Zoethout, May, Berens and Zuckerman and possibly Pine's "State Board Questions and Answers." Some states have developed favorite sources for their questions and this information can be obtained from former candidates.

We deem it very worthwhile to contact former

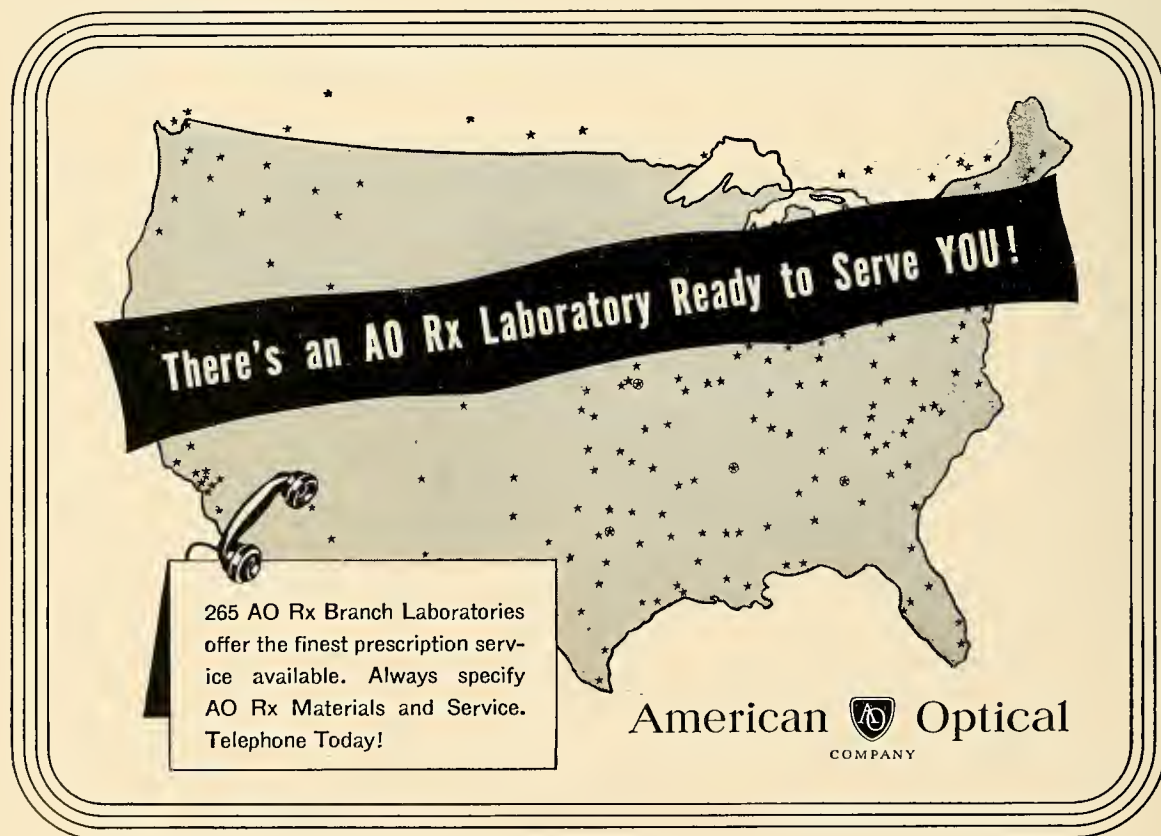
candidates and question them on the type of material asked and possible hints as to texts to study. The Alumni Association could perform a very useful service by keeping up contacts in the various states and making addresses available to the students requesting same.

There is noted a growing tendency to accent practical work. We urge all seniors to constantly practice neutralization, adjusting, and fitting. The number of recent graduates failing neutralization is surprising and for which we can only attribute a lack of practice. We have seen sphero-cylindrical prismatic lenses on boards, so beware.

The only don't do item we can think of is not to bring notes to the boards for last second cramming. Board members tend to frown on this.


When answering questions use a little discretion. There will be many questions that can be answered by a sentence or two, don't write four pages. If you feel a little shaky on your answer to a question or if you are not sure what the examiner wants,

(Please turn to page fourteen)



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Clinical Psychology in the Optometric Curriculum

Louis Wekstein, D.Sc. Boston, Mass.

PART II

To include a strong psychology department in schools of optometry will take some years of study and planning. The author, who was present at the 1948 A. O. A. Convention in Atlantic City, has no doubt from the sentiment expressed by administrative officers and faculty members of various schools that the course of study will eventually be lengthened to six years. Two of these years will be pre-optometric, and the work in psychology should begin the very first year. It should be noted that at this stage the schools and colleges of optometry have not yet adopted a definite policy toward psychology in the curriculum. The following suggestions are the author's own, and they are not meant to be mandatory.

The first course in psychology should be general and should give the student basic preparation for more advanced work. It should survey the field widely and include a brief history of psychology, the sensory, nervous and motor equipment of man, followed by a study of motivation, emotion, mental conflict, formation of habits, attending and perceiving, remembering and anticipating, learning, thinking, intelligence and personality adjustment.

The second course in psychology should be concerned with the dynamics of personality development. The approach should be genetical, and the emphasis should be on emotional growth from birth on through adulthood. Constant reference should be drawn to the significance of early relationships and a "good" learning history for emotional maturity. The consequences of inadequate emotional development in terms of mental health and of physical health as well, should be evaluated and discussed. The social, physical and mental factors should also be included in so far as they affect development and adjustment.

The third course in psychology should be abnormal. The student is now ready to understand the dynamics, the etiology, pathology, diagnosis and therapy of unusual mental states. The course should include a study of the neuroses, the dissociations, hysterias and obsessive-compulsive states, followed by the psychosomatic conditions and then

the functional and organic psychoses. The course should be oriented around the premise that the individual with an unusual mental state strives to adapt—to find equilibrium and gratification just as we all do—but that his routes and methods of doing so are unorthodox. Abnormality is exaggerated normality.

The fourth course highlighting the others should be a Practicum. It should be a course in applied psychology with an emphasis on visual disturbances involving personality adjustment and their management. Selected cases from the optometric clinic should be presented and discussed with students. The student now has the theoretical prerequisites to appreciate and cope with such problems. The course should also include work in psychodrama.

Psychodrama has been used effectively in hospitals and clinics for some years. The author has lately explored its use in the psychology classroom and has found it a most effective means of preparing the student for clinical practice. More detailed papers on the purpose and technique of psychodrama in the classroom are in process of publication in other journals. In brief, a student (E) volunteers to play the role of the therapist, the doctor. Another student (S) enters into his social orbit and interacts with him. He is the patient. The scene is the office of the doctor or the clinic. The front of the classroom serves as the stage.

The student onlookers observe and take notes on what is occurring. Frequently they suggest the motifs enacted. One student, for example, who had trouble in making a good relationship with a particular patient in the clinic might offer to play the role of that patient while a fellow student attempts to deal with the situation.

After the "drama," there is a class discussion. Was the E adequate? Did the S act true to life?

E and S may be asked to reverse their roles, or the situation may be reenacted with other players. In this way the student learns to handle situations that will arise in his office for the remainder of his professional life. Faculty members are encouraged

(Continued next page)

Fourth Year Article

by Apartment X

This is the optometry school. Many people go through here each year. Some don't.

A mad lunatic is running around, chopping heads off with an axe. I'm a student. My job, get the axe, I mean get him. Dum de dum dum.

This story is brought to you by the makers of Bird and Cage cigarettes. In a recent survey, nine out of every ten Optometrists that tried Birds and Cages for one month, reported they're for the birds, but had no effect on the extra-ocular muscles. Now, to our story.

Tuesday, January fifth. It was cold in Boston. We were working the day watch out of Narcotics Detail (we were looking for a dope). My name is Doomsday, my partner is Frank Footer, an ex shoe salesman.

It was 9.01 A.M. We walked into the captain's office. He had an axe handle that was picked up at the scene of the last crime. He said, "Doomsday, that axe handle, you were right." "Yeah, Chief?" "It was a shaft." Dum de dum dum.

The chief informed us that the suspects M.O. was to strike on Tuesdays only. No description had been gotten on the killer. We got in our car and proceeded with our investigation.

A Nancy-Mary code came over the radio. We turned on the siren and raced to Newbury and Commonwealth. We picked up an unemployed pretzel baker for driving a de luxe roto without lights. We took him down town for questioning. We booked the suspect on a violation of R-302.

We got the report from the lab on the piece of metal marked R&L which we had found in the pocket of the last victim. It was a transposing switch. You figure it out. Frank said, "Do you think that little piece of metal was the cause of all this?" I said, "That's the way it pans out." "But Joe, it's only about half an inch long." "Yeah Frank, that's about the size of it." "The switch Joe?" "No Frank, his brain." Dum de dum dum.

We called in to check with the office. The killer had struck again. We sped to the scene of the crime. The victim had been hit on the head with a blunt instrument. Frank said, "Look Joe, the reflection on his cornea, a bird and a cage." Dum de dum dum.

We looked around. We picked up a small piece of ceramic tile from the hand of the dead man. "This is what he used Frank. He hit him with a zebra." "Yeah Joe, that's all we need."

We ran the ceramic through latent hyperphoria.

We got out an A.P.B. on the suspect. We checked the fingerprints on the "list" against those on the shaft. They matched. We phoned the blood-hound division for a couple of Brown-nosed Beagles. They led us right to our man in true fashion.

In a moment, the results of our case.

Ladies and Gentlemen, try our new king size Bird and Cage for those who have fusion problems. Now, back to our story.

Trial was held in the Student Council, for and in the school of M.C.O. The suspect was found guilty, and sentenced to life on the "Rock", the Accommodative Rock.

BONG, BOING!! This was a MARK LENS PRODUCTION.

CLINICAL PSYCHOLOGY—(Continued)

to propose motifs from their own experience that could be psychodramatically enacted.

Not only does the student learn to approach clinical problems psychologically, but in taking the patient's role he also learns how it feels to be on the other side of the desk; how it feels to be ill.

The critical reader might conclude that such sessions would merely amuse the class. It is, however, both surprising and gratifying to note how seriously and enthusiastically students accept this opportunity to assume their future roles as clinicians. Discussions that follow these presentations are both stimulating and provocative.

Wire recorders make it possible to bring greater reality to these class meetings. Actual recordings of patient and doctor responses at the clinic or office can be introduced, criticized and evaluated before a large class.

What about visual and experimental psychology in the optometric curriculum? Since this paper is restricted to clinical psychology, I shall not have much to say about these courses. As a matter of fact it is not necessary to say much about them. Through the pioneer work of Dr. Samuel Renshaw of Ohio State University, they are rapidly winning their place in the optometric curriculum. Their inclusion no longer requires persuasion and explanation. The Optometric Extension Program under the directorship of Dr. E. B. Alexander has done much to acquaint practicing optometrists with work in this field.

(Reprinted from the May 6, 1948, issue of
The Optometric Weekly)

Comments On Myopia Theories

O. D. RASMUSSEN, Kent, England

(Reprinted from *Optical Journal-Review*, July 15, 1952)

It is assumed too often that the so-called "scientific method" of dispassionate comment is a guarantee against loose-thinking or special pleading. This assumption, itself, is the purest theory of all. The most innocent-looking phraseology often contains the most bland propaganda for ideas, persons, and groups.

The two most tenacious theories on myopia are almost declamatory in their sponsors' almost fanatical repetition. The Bates system of auto-hypnosis-cum-exercise on the one hand and its antithetical medically-plugged views on "heredity" are both based on wholly unsubstantial theories, which their adherents are careful not to submit to scientific test.

These comments are provoked by recent "comments" in the professional press on the "gravitational theory of myopia," which takes its place with about fifty other varieties of nicely-stated, beautifully-woolly theses endangering eyesight the world over by fogging the issues and holding up practical investigation.

From Theory to "Fact"

Whether one says some ametropic condition is "caused by," or "may be caused by," or "it is suggested it is caused by," the fact remains that the statements are printed, read, and reproduced, and that the essential core of such statements is remembered while the verbal frills are mainly forgotten. It is an easy step, which popagandists well realize, from "so-and-so *believes* the cause is such-and-such" to "so-and-so *says* it is."

"Myopia may be a manifestation of high intelligence," says one commentator, who follows up by saying, "so many cases" have been "omnivorous readers," able to "read before they went to school," and so forth. There is, of course, no basis whatever for the main statement, even when governed by "may be." The great majority of the world's children from four to fourteen are "omnivorous readers," but only a minority become myopes.

Millions of "illiterate" Asiatic peasants and craftsmen are myopes, but with a set of problems that do not involve printed texts to the same extent. Their headaches are universal child labor, long hours at handicrafts, bad indoor lighting, low nutrition. Our dispassionate theorists, however,

may grasp any one of these conditions and "suggest" another type of myopia.

The Most Provocative Cause

Perhaps the most provocative cause of "theses" production is forcing candidates for fellowships, honors and faculty promotions to produce thousands of "papers" on fairly obscure subjects—and in the medical world myopia ranks with the common cold as about the most obscure of the lot.

Malnutrition, for instance, could cause ocular tissues to be deficient in certain vitamins, but to call it a distinct cause is misleading. The existence of a strong lens control system, forced to excess by short focussing, inside an undernourished eyeball can do great harm, but not necessarily only myopia.

"The discovery that the globe of the eye is not enlarged in myopia forces us," says a commentator, "to accept the alternative explanation of a displacement of the lens." But why? The chronological order, and the alternative, are not valid. In fact, in point of time the reverse is true. It was not until 1947 that Sorsby, *et al*, used Rush-ton's 1938 invention to measure the axes and discover the fallacy.

But the displacement of the lens has been apparent to me and to others long before me, although they did not see it as I do as an *important link in the chain of causes*. In fact, the old "axial theory" was based on almost pure assumption that the myopic eyeball was "egg-shaped, or elongated", whereas the only evidence produced by enucleated high myopic eyes was their likeness not to an egg but to a "pear", sharply constricted around the ciliary region.

Helmholtz, and several others since, have proved that the crystalline became more rounded on its anterior surface than the posterior during the act of accommodation. But they all failed to understand the accompanying physical law of matter. Any enclosed body, or material bulk, cannot change its shape without also changing its center of gravity. Consequently, two physical facts in accommodation had been overlooked for almost a century. The lens bulk by convexing forward also draws its center of gravity forward, and since the nodal point of the optical system is near the center

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Optometric Events

by Thomas A. Couch

NATIONAL BOARD OFFICERS

The elected officers of the National Board of Examiners for the year of 1954 are as follows: Dr. Rudolph Ehrenburg, Granite Falls, Minnesota, president; Dr. Bruce Jaques, Los Angeles, California, vice-president; Dr. John Uglum, Mitchell, South Dakota, secretary-treasurer.

The date for the third annual examinations is tentatively set for May. The board authorized the sale of copies of the 1953 examinations at \$1.00 per set and copies of the 1952 examinations at twenty-five cents. Requests should be sent to John Uglum, O.D., Secy., Crow Bldg., Mitchell, South Dakota.

OPTICAL FAIR PURPOSE

The 1954 Optical Fair (June 2-12 in Chicago) is intended to bring together at one place and time, the largest number of national associations, so that professional men can see all the products of the optical industry at one time.

The 1954 Optical Fair is for the professions and the industry only. Exhibits will not be open to the general public.

NEW JERSEY

This kolymn generally does not direct its personal congratulations to state optometric officers, but is going to make an exception to the rule. For the past year that I've been compiling this article I've dutifully received a report and/or magazine on every optometric event that has occurred in the State of New Jersey from the N. J. Optometric Society. For this aid I'd like to congratulate the outgoing officers for a job well done and wish the incoming officers heartiest success in their endeavors.

The officers for this year are: Dr. George E. McEneaney, president; Dr. Paul Ellin, vice-president; Dr. D. Leonard Decter, secretary; and Dr. Peter L. Ehrhardt, Jr.

STATE BOARD QUESTIONS

Harry E. Pine, O.D., has written a book entitled "State Board Questions and Answers" that is considered by many a "must." for optometric students preparing for the state boards. Many of the questions are asked by state boards all over the country today. Every answer has the approval of all state boards. It can be obtained for four dollars by writing to the Professional Press, 5 N. Wabash, Chicago, Illinois.

OCCUPATIONAL SEMINAR

The first educational program devoted exclusively to occupational vision has been made available to practicing optometrists in the New England area through the joint efforts of the Massachusetts College of Optometry, and the New England Council of Optometrists, who are sponsoring a two-day occupational seminar to be held at M. C. O. in Boston on February 21 and 22. Reservations will be \$15. Checks should be mailed in care of the College, 178 Newbury Street, Boston.

HOME LIGHTING

The Illuminating Engineering Society has published a 44-page guide for home lighting. The "I. E. S. Recommended Practice for Residence Lighting is primarily devoted to the basic lighting requirements for family activities involving close vision.

Individual copies are \$1.00 and may be purchased from: Publications Office, Illuminating Engineering Society, 1860 Broadway, New York 23, N. Y.



"Have you seen the new 3-D glasses?"

"No, how much beer do they hold?"

Out of the subjective fog and into the night steps Moe Lumen, boy optometrist, in search of Room 16 and the weird adventures that lie in wait for him. Nattily attired in his plus fours axis 180, he presents an imposing sight as he casually jingles three 1895 silver dollars in his left shoe. A voice, stentorian and commanding, rises from a corner. "I heard that money clank, Moe! Pay up or I'll let your subscription to the *Optometric Weekly* lapse!" It is Roy Albert, onetime czar of the ground glass and sandstone racket, now reduced to marking O. C.'s for Sol & Wilson, Inc., bumming dimes to augment his starvation wages, and selling third-rate journals. This pathetic sight throws Moe somewhat off center, inducing five diopters of prism. He then places an occluder before his O. S. so that things will look only half as bad.

Moe settles back in his posturepedic chair, and rotating his head 360 degrees, surveys the notables around him. There is I. Sol, originator and sole distributor of the Sol head-compressor, to eliminate disparities in P. D. frame and P. D. patient. "Thick-skin" Wilson, he who can stanch the flow of blood at will, labors over his device to draw blood by osmosis. Front and center, someone speaks of a "golf-ball under each eye on the subway," and smiles as he inspects his instrument to do away with golf-balls under eyes in subways (patented). Kelly stealthily drops some leaves into the jar of termites he has trained to bore ventilating holes in trial-cases. With cross-breeding, he hopes to develop a species that will keep the lenses polished, too. Svoboda carefully adjusts his aid to vision, the "Svoboda Keyhole disc." This innovation has been shown by eminent voyeurs to provide incentive for seeing, and bids fair to be generally adopted.

Spurred on by Kelly's zoological research, Burstein puts his flies through their daily exercise of marking O. C.'s. Future M. O. students will pay well for these clever little beasts, he reflects, unless Tassinari can really perfect a crow-quill pen that works.

Bill Hissey sighs happily as he views the innovation to insure M. C. O. '56's place in optical history, the Moe Lumen pocket trial-case for street-corner refractions. Moe Lumen's trial case, with lenses on plain pipe racks, is the ultimate in

This month we want to discuss a problem that is uppermost in the minds of practically all optometrists, one whose ramifications are many and broad—affecting even, we believe, the welfare of the entire profession. It is the question of fees.

We have had the feeling for some time now—strengthened by conversations with other optometrists, reports from outside the profession, and an informal survey we conducted—that in many instances optometrists' fees have been kept ridiculously low even while the costs of other goods and services Americans must buy have been rising meteorically.

We have found that in many cases optometrists' fees have been kept at such a low level that the individual practitioner is either: (1) not making a living, or (2) is finding himself forced to handle such a big volume of patients that he cannot give the individual patient the time and professional skill that is required.

Even though your own schedule of fees may be realistic in light of your needs and your community's economic standards, this is a problem that affects all of us, because optometry must be economically sound as well as professionally sound if we are to survive.

In the course of studying, this problem we compiled some interesting figures on the cost of maintaining an optometrist's office. These costs, per month, ran something like this:

Rent, \$95; office help, \$200; education, including renewal fees, professional studies, society dues, etc., \$75; telephone, \$15; stationery, postage, etc., \$25; miscellaneous, \$10; insurance and depreciation, \$100; prescription changes and replacements, \$100. It all added up to an average of

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efficient, economical optometry. Paring non-essentials to a minimum, it does away with pesky minus cyls, prisms, spheres over 4 diopters, and other expensive extras. Moe's place in the hearts of arm-weary students of optometry is assured. He need labor no more, as do the rest of us, on further refinements of the "visual recognition chart" we invented one day last January. At any rate, brethren, bear it in mind and put it in your notes that there's more to contact lenses than meets the eye!

*Contributors to The Massachusetts College of
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DEAN RALPH H. GREEN

FROM THE ASSOCIATE EDITOR—

Much has been written but a great deal more needs to be said concerning the student procurement problems facing optometry today. The seriousness of this dire situation is readily reflected by the definite and noticeable decrease in the optometric enrollment every year.

Many of the obstacles to student procurement are relatively difficult to surmount mainly because there is lacking in optometry today, an innate sense of faith, of spirit, and of cooperation; faith in the profession's ability to provide the best in visual care, spirit to forge ahead combatting the commercial optometrist at every turn, and cooperation among optometrists to resist the "creeping death" movements of cut prices, rebates, and bargain rates.

What sense is there in requiring a young man to complete five years of intensive college training and pass rigid state board exams when licensed optometrists in many localities continually and openly violate ethical codes, rules, and regulations of the profession?

Until optometrists conduct their practices in an ethically and economically sound manner, not many youths will be attracted to the profession of optometry.

The greedy optometrist who discourages the recently graduated optometrist from opening a new practice in his already "sewed-up" town will someday awaken to find an influx of medical men starting new practices in this town, filling positions which should have been filled by optometrists. If this optometrist had encouraged his colleague from the start to settle in this town, the medical men would not have found the need for more vision specialists in this community. Both optometrists could then have provided the best in visual care and could still have obtained a decent income.

This situation, although less prevalent in the larger cities, is still an unpleasant circumstance found quite frequently in smaller communities. This unnecessary decrease in optometric practices in the smaller towns tends to make the general public less cognizant of optometry and its important role in the field of visual care.

Another obstacle to student procurement is that the high school graduate sees optometry lacking many of the opportunities enjoyed by other professions. This situation can be remedied somewhat by an increased confidence in optometry's skill by the medical profession, which will be the impetus needed to encourage a better working relationship between the two professions. This can be accomplished by increasing the powers of the State Boards in Optometry, thus supplying them with better means of coping with the many violators of its ethical codes.

Once optometry can rid itself of its "left-wing" commercial optometrists, the medical profession will then very easily accept optometry for what it is really worth—a profession capable of providing the public with the best in both visual care and ophthalmic material.

Another important factor to be considered in conjunction with this problem is that of making the public more cognizant of optometry in general, but more specifically, of making the public aware of the optometrist's broad knowledge and education in the field of visual care.

The A.O.A., B.V.I., and O.E.P., along with the State Optometric Societies, have helped provide the public with a better understanding of optometry's important and essential position in the field of visual care. However, many State Optometric Associations are falling behind in their public relations work. Their's is a very important task because they are even closer to the general public than the other aforementioned groups. In some states, sound public relation programs are difficult

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by Frank Vanoni and Virginia Mastrobuono

to promulgate primarily because there is a lack of cooperation and support present within the profession.

A few state associations who have a sound and far-reaching public relations program are now making available to high school graduates and pre-optometry students, fellowships and scholarships to specified optometry colleges in the country.

This type of publicity program seems to be the most direct method of making the public "Optometry conscious". A similar Tuitional Fellowship Program is in effect which provides a full tuition (\$600) for one year at the Northern Illinois College of Optometry. This fellowship, awarded by the college itself, requires the applicant to submit a 2,000-word essay on "The Contribution of Optometry to My Community." In addition, character, leadership, personal recommendations, and scholastic achievement form the basis for the selection of the fellowship winner.

This same type of program could and should be instigated by some of the State Optometric Associations, as well as by the optometric colleges whenever possible.

The Vermont Optometric Association is now offering one four-year full tuition scholarship and one four-year one-half tuition scholarship. Selection of the winners are made from students who have completed two years of pre-optometric college work. This type of program, needless to say, is more than a step in the right direction.

The student procurement problem is of vital concern to every optometrist and whether he believes it or not, this critical problem affects him directly. Without new blood in the profession every year, optometry will eventually wither away and die. The hard work of Sheard, Prentiss, Hotaling, Ryer, and many others will, for the most part, have been in vain.

As future vision specialists, the problem also rests on your shoulders. Are you determined to be an asset to Professional and Ethical Optometry or do you harbor an "I don't care—it doesn't concern me" attitude?

As the human personality structure is formed very early in life, so is the practicing optometrist's professional philosophy also molded early in his optometric college years. Are *you* shaping up to be a Professional and Ethical Optometrist?

When the smoke of the battle of exams lifted last week, the freshmen found a new face among their ranks. The new man is Fred Ames who hails from Portland, Maine.

Fred graduated from the Fairhaven High School and from Brown University where he received a B.A. degree. Recently Fred completed twenty-seven months in the Army where he was connected with the medical corps. His travels for Uncle Sam took him to Landstuhl, Germany. Here Fred studied to be a laboratory technician and later became engaged at the Hudelberg Hospital.

The Freshman Class and all of M. C. O. welcome their new classmate and wish him success in his chosen field.

Marty Baer would like to inform the members of the class that December dues are being collected now. Also January, February, March.

Whose idle took Rosie to the Eyeball. . . Hmm. Charlie.

A good thought:

It's good to have money
And the things money can buy
But it's good, too, to check
Up once in a while and
Make sure you haven't lost
The things money can't buy.

FILE NOW!

All eligible students who intend to take the Selective Service College Qualification Test in 1954 should file applications at once for the April 22 administration, Selective Service National Headquarters advised today.

An application and a bulletin of information may be obtained at any Selective Service local board. Following instructions in the bulletin, the student should fill out his application immediately and mail it in the special envelope provided. Applications must be postmarked no later than midnight, March 8, 1954. Early filing will be greatly to the student's advantage.

Results will be reported to the student's Selective Service local board of jurisdiction for use in considering his deferment as a student, according to Educational Testing Service, which prepares and administers the College Qualification Test.

of the lens, the nodal point and the focus also move forward.

And this takes place in accommodation (irrespective of myopia) while the posterior surface actually moves slightly back. The "gravitational" pressure of the vitreous (even if valid) would not be necessary to this action. Therefore, it is the abuse of repetition coupled with excessive accommodation that gradually creates a crystalline whose restoration by capsular action of the unaccommodated, "flattened," state becomes increasingly difficult and in due course fails in various degrees to return to "normal."* Herein lies the "forward displacement" action in its early stages. Any theory that the crystalline can be pressed forward and backward merely by nodding the head does not take into account the anatomy and physiology of the early, mature eyeball. With the average myopic error of 3.00 D. the actual displacement forward would rarely be more than about three-quarters of a millimeter.

A Meaningless Theory

In view of this long-established evidence, the "gravity" pressure theory is meaningless, since it cannot be separated from co-incidental factors. Suppose the weight of the vitreous did press against the posterior surface of the lens when the face turned downwards—the lens also moves forward automatically by simultaneously accommodative action.

The infinitesimal weight of the vitreous, index 1.333 and little more than a half-inch spheroid in young eyes (*when myopia begins*), could hardly exert a forward pressure in downcast eyes comparable with the accommodative act. Most of its weight is taken up by the ciliary processes, the frontal curve of the eyeball and molecular attraction, or vacuum, of the posterior half. Even if some gravity force is admitted, it could not press increasingly in direct ratio to higher errors without risking damage to retinal tissues, or possible detachments.

* "The axial length of the crystalline is increased . . . and has 'plussed' relatively and that is the beginning of myopia." (*Theses on the Cause of Myopia*, O. D. Rasmussen, 1949.)

" . . . elongation of part of the axial diameter . . . with increased curvature and forward displacement of the crystalline lens" (*Chinese Eyesight and Spectacles*, O. D. Rasmussen, 1949.)

" . . . The permanently over-accommodated, or spherically crystalline automatically displaced forward of normal by its peculiar, also normal action." (*Myopia, Methods of Control*, O. D. Rasmussen, June 1951.)

Questions Immediately Arising

In any case, the average myopic error throughout the world is about 3.00 D., and the question immediately arises: Why should this "gravity" pressure (with various axial lengths of eyeballs and differing bulk pressures) cease in most cases at this figure? And, moreover, why does it also happen that the holding distance of youths and adults, the elbow and desk distances, also happen to bring about the equivalent focal distance of 3.00 D.? Which is the more credible explanation—the variable pressures or the habitual foci? If the bowed head, often to the horizontal, means anything at all, it means greater proximity to the object viewed and hence greater accommodation and convergence.

Consequently, having chosen the "gravitational theory" which runs parallel to physical displacement facts, now well out of the theory stage, its proponents can go on forever adapting the good and bad deeds of the accommodative function—always, of course, preceded by "it is suggested" and similar phrases.

It is not surprising, therefore, if a commentator usurps various other effects and attributes them to his own "cause". In addition to "high intelligence," he suggests that the gravity theory indicates myopia is caused by "civilized conditions of life," and means that we should give more time to outdoor play and less to study. By this process he arrives at the conclusion that children need larger lettering and better blackboards in ordinary schools as well as myope schools.

Both these factors are imperfectly understood. The long-established grading of large type sizes for ametropes is pseudo-scientific. At best the up-sized lettering merely compensates for the minimizing effect of over-correcting minus lenses. *And all minus lenses are over-corrections except at infinity (or the distance tested).*

This is why, on my own observation and on that of masters and students in myope schools, myopes of 5.00 D. upwards, kept up-to-date every six months, invariably crowd up close to blackboards and large lettering in preference to standing or sitting at the usual distances. They do it, said a headmaster, "whenever a teacher's back is turned."

But this cannot be understood without the allied tangles of close visual balances during the biological adjustments from birth to five or six years. It

(Please turn to page twelve)

by Lee Gellerman

The National Board of Examiners in Optometry has announced the list of those who have completed successfully all three parts of the National Board Examinations. We point with pride to the following on the list who have graduated from Massachusetts College of Optometry:—
 Meyer Finklestein, Boston, Massachusetts
 Arthur I. Breen, Brighton, Massachusetts
 Ira Schwartz, Groton, Connecticut
 Norman L. Becker, Jackson Hts., L. I., New York
 Allan J. Kurlan, Worcester, Massachusetts
 Stanley E. Anderson, Portland, Oregon
 Erwin Chernoff, Brighton, Massachusetts
 Lawrence Siegel, Brighton, Massachusetts

A psychology professor reached home in the middle of the afternoon and found his sixth-grade son sitting dejectedly on the front steps. There was no one, it seemed, to play with, because all his friends were doing homework.

"And why," asked the psychologist, "aren't you doing yours?"

"Well, Dad," responded the youngster, "I never bring any home. You see, I've adjusted myself to inferior grades."—MARY ALKUS

MYOPIC THEORIES—(Continued)

is tied up with squints and "latent squints" as the early hyperopia vanishes to theoretical emmetropia. More than ninety per cent of young children suffer a rapid alteration of convergence adjustments to varying accommodation during the first few years. They start with far more accommodation than convergence (at their short-arm holding distance). As the hyperopia vanishes, the convergence in the meantime has to close the "gap" to an equal-energy relationship. But it does not always succeed.

The gap remains if (by the too early over-stimulation of these functions) the hyperopia vanishes too quickly. Consequently (*and here is the vital moment in eyesight history*) the simplest way out for the child is to stimulate the convergence by drawing objects closer to the face, *where the ratio of convergence to accommodation is doubled*, and the gap or lag in fusion is closed. The diplopia is "lost" in the large close images, but the crystalline lens is being damaged beyond remedy by the over-accommodation.

The Princess Room of the Hotel Somerset was the selected site for the first M. C. O. formal, Saturday, Feb. 13, 1954. This dance was sponsored mainly by the student council of our school, under the able directorship of an ex-Navy man, William Tolford. The competent dance chairman, Edward Cronin should be commended for a job well done.

The Junior Class, during the late hours of the dance, tripped out merrily with their dates, to attend a class party, previously arranged by Arthur Giroux. Much merriment prevailed through the wee hours of Sunday morning, and it was readily apparent that a glassy film was beginning to cover our friends. This was the cue to a happy conclusion.

With the First Semester tucked away, and the advent of the inevitable Second Semester, the Junior class has begun their clinical phase of orthoptic observation. Up until the beginning of March, each Junior will have at least one two-hour session of observing orthoptic procedures. After March, Dr. Kuhn has assured frequent visits to the clinic. Coupled together with this, the phoropters are now assigned at the clinic, which will give our class a greater insight in optometry before the senior year.

Junior Jottings:

Greendorfer, did you mark this M. A. line with your elbows?? . . . A poignant fish story; scaling marks. . . . Katty Bolic and Anna Bolic, an apache dance team. . . . What's your little story, Mastrobuono. . . . You're good brother!!! . . . What circus do you belong to. . . . Do you like 1 or 2 — 2 or 3 — 3 or 4 — 4 or Hmmm; no Mam, it was an ocluder, that's about the size of it. . . . Ferarra takes a wife. . . . This closes the brief discussion for the month.

CONTRIBUTORS—(Continued)

John A. Higgs, O.D., Boston, Mass.	100.00
Louis Anapolle, O.D., Boston, Mass.	50.00
Arnold Richmond, O.D., Boston, Mass.	10.00
Frederick Rogness, O.D., Boston, Mass.	25.00
Harold Myers, O.D., Boston, Mass.	25.00
Walter H. Speare, O.D., Derry, N.H.	100.00
Richard Dexter, O.D., Keene, N. H.	100.00
Samuel Alperen, O.D., Lewiston, Me.	100.00
Leon Ginsburg, O.D., Waltham, Mass.	28.00
Carl Jagolinzer, O.D., Providence, R. I.	25.00

FEES—(Continued)

\$6.20 chair cost per patient provided the practitioner saw 100 patients per month, or an average of \$12.40 per patient if he saw only 50 patients.

Now, each patient was paying the optometrist concerned in this survey from \$22 to \$30. The average cost of the glasses was \$12. This left the optometrist, as payment for his own time and skill, from \$3.80 to \$11.80.

We think it is pretty generally accepted that you must give the new patient at least 45 minutes on his first visit if he is to receive only the minimum examination and treatment. In addition, this patient is going to take up another 45 minutes to an hour and a half of your time during the coming year with appointments for fittings, subsequent examinations, minor corrections to his glasses, etc.

Simple arithmetic will show, then, that the optometrists surveyed are clearing on each patient a minimum of \$1.90 per hour. We don't think you can deny that those figures are more like laborer's wages than compensation for the time and skill of a professional man.

What has been the result?

Too often the individual optometrist, in order to make a half-way decent living by professional standards, has had to increase the size of his practice, thereby reducing the time that he can give to each patient.

This practice holds the gravest implications for the entire profession. Not only does it tend to encourage slipshod and hurried treatment, but it makes it practically impossible for younger men just entering the profession to get a foothold. They don't have the big practices of the better established optometrists—and yet they must meet the same fixed costs as the older practitioners.

But our principal concern, in calling this problem to your attention, is the patient. He deserves the very best of your efforts—and he is not going to get them if the fees you charge require that he be run through your office with assembly-line speed.

Continued practice of this nature, by a sizeable number of optometrists, can only reflect on the whole profession.

We believe that the time is long past due for every optometrist to review his own schedule of fees in the light of present-day economic conditions. We think you should sit down right now, study what you are charging your patients and ask yourself:

Are my fees guaranteeing that my patients get

the type of professional care that they must have? And, are my fees guaranteeing that I will make a living according to professional standards and according to my own skills, abilities and experience?

Costly Opportunity

America is still the land of opportunity, where a man can start out digging ditches and wind up behind a desk—if he doesn't mind the financial sacrifice.

Seems a lot of men are so busy
learning the tricks of the trade
that they never learn the trade.

RX

*The RX House of New England
for Dependable, Accurate
Work and Service.*

**WILSON & HALFORD
OPTICAL COMPANY**

**387 Washington Street
Boston, Mass.**

we suggest writing prolifically.

Take as many Boards as you can possibly manage regardless of your desire to practice in any one state. This is a rather expensive proposition but one that will pay off. Graduation is that time when you know most. Time takes its toll of the isolated facts that tend to creep into boards.

There now exists a raging controversy on the matter of policy of State Boards. As students you can only exert one means of pressure for improving what is almost a calamitous situation. We urge every student to take the National Boards which is probably the most unifying plan to take place in the last twenty years in a profession marked by discord and disunity. Juniors are strongly advised to take Part I at the end of their school year. This will lessen the load the following year. Furthermore, G. O. is really fresh in your mind as well as Anatomy.

We should like to mention a very healthy trend beginning to manifest itself by Boards in regard to their attitude toward candidates. This is a complex problem that will merit your attention when you have become a successful candidate and a

member of your state society.

It is not too early to start preparing for that day right now.

Unable to sleep nights, a man went to see his doctor. After a careful examination, the physician advised: "When you retire tonight breathe deeply and exhale slowly, repeatedly. Form a vision in your mind of a lovely beach in the South Seas with wave after wave rolling up on the shore."

The following day the man went back to his doctor, complaining that he still couldn't sleep.

"Did you follow my instructions carefully?" asked the medico.

"I did," replied the man.

"Well, what kept you awake?"

"It was those lovely creatures in grass skirts dancing on the beach."

You will never "find" time for anything. If you want time, you must make it.

—CHARLES BUXTON

WIDER AREA OF VISION

Balgrip
TENSION MOUNT

**Why *Balgrip*
Tension Mount is called
the "modern" Semi-rimless**

Because it's so quick and easy to assemble and service—yet so durable and good-looking. Completely practical, B&L Balgrip, with lenses held in tension, affords wider, unobstructed edge-to-edge vision. Ideal with virtually any lens size, shape and thickness.

BAUSCH & LOMB
NORTHEASTERN DIVISION

SILHOUETTES

by Albert Roy



Dr. Arthur F. March, Jr., O.D.

Dr. Arthur Frederick March, Jr., O.D. received his early education at Somerville High School, graduated Cum Laude from the Massachusetts College of Optometry in 1939, and also attended graduate school at Boston University. While at M. C. O., Dr. March took an active part in school activities and became Editor of the "Scope" and Year Book in 1939.

In June, 1939, Dr. March became a staff refractionist at the Mass. Eye and Ear Infirmary. He is presently on leave of absence from the Infirmary. Shortly thereafter, he established his private practice in Concord, Mass. From 1940-42, Dr. March was appointed as refractionist at the Carney Hospital.

Shortly after hostilities began, in December of 1942, Dr. March enlisted in the United States Naval Reserve as a Pharmacist Mate, second class. The following June, he was commissioned as Ensign HV (S) U.S.N.R. During his three years of active duty with the Navy, Dr. March was officer in charge of Base Optical Unit No. 3, operating in the South Pacific theater. He now holds the rank of Lieut. (SG), USNR.

In January of 1946, he returned to his practice

in Concord, Mass. Since that time he has been Visual Consultant for the Concord Public Schools.

His Optometric affiliations are numerous and varied. He is past Chairman of the committee which re-wrote the Constitution and By-Laws of the New England Council of Optometrists, author of the reports issued by the School Vision Committee, and member of the Special Committee on Optometric Economics. He is a past College Coordinator of the AOA Committee on Assistance to Graduates and Undergraduates and also present Director of the MCO Speakers Bureau.

Dr. March was appointed to the faculty of MCO in 1949. It is through his efforts that the Freshman student learns about the history, development and contributions of Optometry to visual science. During the Senior year, his course on Optometric Ethics, Economics and Jurisprudence are presented. He is truly an inspiration to all his students, with his love of teaching and keen sense of judgment. His hobbies include mountain climbing, skiing and photography.

Pi Omicron Sigma

by Robert G. Wilson and L. G.

By the time this issue of the Scope is circulating around the college, the annual Eyeball will be gone, but by no means forgotten. As usual, the brothers and alumni of P.O.S. supported the affair with a large attendance.

The long awaited night meeting finally put in its appearance the early part of February, and was greeted with a huge welcome. This meeting was very appropriate, after a tedious week of finals, and proved to be quite relaxing.

Al Mastrobuono, our singing treasurer, who enlists the aid of a megaphone in his song "Your Dime is My Dime," has recruited the able help of the sophomore class treasurer, brother Al Roy, as his right hand man.

Plans are being formulated for the annual Alumni-P.O.S. basketball game to be held at the Hecht House, Dorchester, sometime in March. The P.O.S. pledgees will run a dance, immediately following the game. Guests will be welcomed.

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HEADACHES AND GLAUCOMA

"Every persistent or frequently recurring headache should be studied as a possible symptom of chronic simple glaucoma," observed L. Weston Oaks, M.D., of Provo, Utah, in "Some Points of Common Ground to Internist and Eye Physician," *Rocky Mountain Medical Journal*, Aug. 1950.

On this point he wrote:

Especially should this be remembered when the cephalalgia disturbs an individual's sleep, or if it is brought on by excitement, worry, fatigue, or lying awake in the dark. We still see the occasional patient being treated for a "migraine headache," or for "headache due to some cryptogenic intracranial condition," whose optic nerves are being gradually destroyed by periodically high intraocular tension. Ofttimes this cannot be demonstrated except by taking intraocular pressure every three hours through one or more twenty-four hour cycles, since the rise may occur only during two or three hours in the night, but even brief inspection of ocular fundi will lead one with a practiced eye to suspect the true condition long before appearance of typical glaucomatous cupping of the nerve head. Neither is the "glaucomatous cup" always due to glaucoma. It is now known that some

patients with the condition which has been called "glaucoma without increased tension" and "soft glaucoma," show deterioration of optic nerve fibres from pressure of calcified carotid arteries upon them.

P. O. S.—(Continued)

Definition:

Bizzy Izzy—Izzy Sol racing back and forth from the Wednesday afternoon fraternity meetings and the student council meetings.

That's the story from the fraternity for the month, and your reporter leaves with just one thought....

An organization is only as strong as its weakest link.

There seems to be an improvement
in about everything
but People.



Confidentially, from one optometrist to another,
how is business?

